

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	RSN		3/31/01
FORMALITY REVIEW	AN	917	05-29-01

INDEX OF CLAIMS

✓ Rejected
= Allowed
- (Through numeral) Canceled
÷ Restricted

N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim		Date	
Final	Original		
1	✓	✓	11/14/02
2	✓	✓	
3	0	✓	
4	✓	✓	
5	0	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
13	✓	✓	
14	✓	✓	
15	✓	✓	
16	✓	✓	
17	✓	✓	
18	✓	✓	
19	0	✓	
20	0	✓	
21	✓	✓	
22	✓	✓	
23	✓	✓	
24	✓	✓	
25	N	✓	
26	N	✓	
27	N	✓	
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35	✓	✓	
36	✓	✓	
37	✓	✓	
38	✓	✓	
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40	✓	✓	
41	✓	✓	
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Claim		Date							
Final	Original								
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Claim		Date							
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**If more than 150 claims or 10 actions
staple additional sheet here**

(LEFT INSIDE)

HL 5/30/11-16-21